

<b>Title: Bariatric Surgery</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 7/20/17</b>	<b>LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&amp;II, Market Plus, Essential, HARP</b>
<b>Effective Date: 7/20/17</b>	<b>Policy Number: UM-MP202</b>
<b>Review Date: 9/1/21</b>	<b>Cross Reference Number:</b>
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## 1. POLICY DESCRIPTION:

Bariatric Surgery

## 2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

## 3. DEFINITIONS:

- a) **Bariatric surgical procedure types** — restrictive, malabsorptive and combined, all of which may be performed using either the laparoscopic or open approach.
  - i. **Restrictive** — the basic philosophy of restrictive procedures is to create a small gastric reservoir that forces the patient to eat less at any one time. This objective is achieved by reducing the size of the stomach pouch to 30mL or less and leaving only a small channel to the remaining stomach.
  - ii. **Malabsorptive** — the goal of purely malabsorptive procedures is to bypass a major portion of the absorptive surface of the small intestine for the achievement of rapid, sustained weight loss without a necessary change in eating habits. Purely malabsorptive procedures (without a restrictive component) are not recommended because of the potential for complications, including liver failure and electrolyte completion.
  - iii. **Combined restrictive and malabsorptive (hybrid techniques)** — the basic philosophy of combined restrictive and malabsorptive procedures is to balance the benefits and risks of the two approaches.
  
- b) **Body Mass Index (BMI)** — a quantitative method of defining obesity in a ratio of weight to height (kg/m<sup>2</sup>).
  
- c) **Classification**

Class	BMI
Overweight	25–29.9 kg/m <sup>2</sup>
Obese (class I)	30–34.9 kg/m <sup>2</sup>
Severe obesity (class II)	35–39.9 kg/m <sup>2</sup>
Clinically severe (also referred to as extreme or morbid) obesity (class III)	40–49.9 kg/m <sup>2</sup>
Super obesity	50–59.9 kg/m <sup>2</sup>
Super-super obesity	60+ kg/m <sup>2</sup>

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- d) **Biliopancreatic Diversion with duodenal switch (BPD/DS)** — a combined malabsorptive / restrictive procedure whereby a suprapapillary Roux-en-Y duodeno-jejunostomy is performed in combination with a 70%–80% greater curvature gastrectomy (sleeve resection of the stomach; continuity of the gastric lesser curve is maintained while simultaneously reducing stomach volume). A long-limb Roux-en-Y is then created. The efferent limb acts to decrease overall caloric absorption and the long biliopancreatic limb, diverting bile from the alimentary contents, is intended specifically to induce fat malabsorption.
- e) **Laparoscopic adjustable gastric banding (LAGB)** — a gastric-restrictive implant device used as an alternative to a gastric-restrictive surgery procedure to treat morbid obesity. The system consists of a band of silicone elastomer with an inflatable inner shell and a buckle closure connected by tubing to an access port placed outside the abdominal cavity. The inner diameter of the band can be readily adjusted by the addition or removal of saline through the access port. The band is placed laparoscopically around the upper stomach, 1 cm below the esophagogastric junction. (Must be FDA-approved for Plan consideration)
- f) **Roux-en-Y gastric bypass (RYGB)** — a large portion (approximately 90%) of the stomach is excluded. A gastric pouch is created and anastomosed to the proximal jejunum, causing weight reduction due to a reduction of food intake and mild malabsorption.
- g) **Sleeve gastrectomy** — a new procedure that is becoming increasingly popular. In this operation, a tubular stomach is created along the lesser curvature by excising the greater curvature. Approximately an 80–90% gastrectomy is performed. This is a restrictive procedure and absorption remains normal.
- h) **Vertical gastric banding (VGB) / vertical-banded gastroplasty (VBG) (vertical gastric stapling or partitioning)** — A vertical row of staples and a horizontally placed reinforcing band are positioned across the stomach, creating a proximal pouch and narrowed food outlet. Patients become full post ingestion of only small food amounts.
- i) **The Obesity Surgery Mortality Risk Score (OS-MRS)** — a risk stratification tool that physicians should utilize when determining candidacy of the BMI  $\geq$  50 kg/m<sup>2</sup> member. The OS-MRS assigns 1 point to each of 5 preoperative variables: Age, hypertension, male gender, known risk factors for pulmonary embolism (i.e., previous thromboembolism, preoperative vena cava filter, hypoventilation, pulmonary hypertension) and BMI.

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**Obesity Surgery Mortality Risk Score**

Risk Factor	Points
Age > 45 years	1
Hypertension	1
Male sex	1
Risk factors for pulmonary embolism	1
Body mass index $\geq$ 50 kg per m <sup>2</sup>	1
	Total: _____
<b>Risk group (score)</b>	<i>Postoperative mortality risk (deaths/total number of patients who underwent bariatric surgery)</i>
Low (0 or 1 points)	5/2164 (0.2%)
Moderate (2 or 3 points)	25/2142 (1.2%)
High (4 or 5 points)	3/125 (2.4%)

**4. POLICY:**

Members may be eligible for coverage of the above-captioned surgical procedures (in conjunction with cholecystectomy if such is requested) when all of the following criteria are met

**A.**

If Age  $\geq$  18.2.<sup>2</sup>

BMI  $\geq$  35kg/m<sup>2</sup> And comorbidity of any below:

- Type 2 diabetes mellitus
- Hypertension
- Obstructive sleep apnea
- Non -Alcoholic fatty liver disease or non-alcohol steatohepatitis
- Pseudotumor Cerebri

If Age  $\geq$  13 and < 18

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BMI  $\geq 35$ kg/m<sup>2</sup> And comorbidity of two below

- Type 2 diabetes mellitus
- Hypertension
- Obstructive sleep apnea
- Non -Alcoholic fatty liver disease or non-alcohol steatohepatitis
- Pseudotumor Cerebri

B. Full growth achieved.

c. Absence of specific obesity etiology (i.e., endocrine disorders, e.g., adrenal or thyroid conditions, or treatment of metabolic cause provided, as applicable).

D. Absence of life-threatening condition that would not improve with surgery.

E. Active participation within the last 2 years in a physician-directed weight-management program for  $\geq 6$  months without significant gaps (or 3 months if provided through a

multidisciplinary bariatric surgery program). The program must include monthly documentation of all of the following components:

- a. Vital signs including weight.
- b. Current dietary program.
- c. Physical activity (i.e., exercise program).
- d. Behavioral interventions to reinforce healthy eating and exercise habits.

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e. Consideration of pharmacotherapy with U.S. Food and Drug Administration (FDA)- approved weight-loss drugs, if appropriate.<sup>1</sup>

F. Psychological clearance by a mental health professional.

If the member has received any behavioral health issue intervention (i.e., counseling or drug therapy) within the past 12 months, then the mental health provider should indicate that the issue of surgery has been discussed with the member and that there are no identified contraindications to the proposed surgery.

In addition, the member should have no history of substance abuse, or if there is a positive history, the documentation should indicate that the member has been substance abuse free for > 1 year or that he/she is in a controlled treatment program and is stabilized.

Other contraindications include active eating disorders, active substance abuse and untreated psychiatric illness such as suicidal ideation, borderline personality disorder, schizophrenia, terminal illness and uncontrolled depression.

**AND**

A. BMI  $\geq$  40 kg/m<sup>2</sup> without comorbidities or BMI 35–39.9 kg/m<sup>2</sup> with  $\geq$  1 significant comorbidity.

Accompanying documentation of the following associated comorbid conditions and associated problems must be submitted; any of the following are applicable:

1. Daily functional interference to the extent that performance is extensively curtailed.<sup>2</sup>
2. Documented circulatory insufficiency.
3. Documented physical trauma secondary to obesity complications, which causes the member to be incapacitated.
4. Documented respiratory insufficiency.
5. Documented primary disease complication, as applicable:
  - i. Coronary heart disease and other atherosclerotic diseases.
  - ii. Medically refractory hypertension.
  - iii. Osteoarthritis.
  - iv. Moderate to severe obstructive sleep apnea.<sup>3</sup>
  - v. Type 2 diabetes.

<sup>1</sup> Check member benefit for applicability

<sup>2</sup> The member must be unable to participate in employment and/or normal activities as a result of the clinically severe obese condition, which could be resolved by weight reduction (e.g., treatable joint disease).

<sup>3</sup> Moderate apnea: Apnea-hypopnea index (API) of 15–30 episodes of apnea or slowed breathing per hour with 80% to 85% oxygen saturation in the blood. Severe apnea: API of > 30 episodes of apnea or slowed breathing per hour with  $\leq$  79% oxygen saturation in the blood.

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**Gastric Band Adjustments**

Appropriate as follows:

- a) **Reduction of band volume:** Complaints of difficulty swallowing, persistent reflux or heartburn, nighttime coughing or regurgitation.

Reduction of band volume may also be appropriate in the setting of maladaptive eating habits such as eating only soft, carbohydrate and fat laden food due to inability to tolerate any solid foods. These complaints, however, should be taken in context with member’s compliance with dietary follow up and recommendations.

- b) **Increase in band volume:** Increased hunger, increased portion sizes.

Adjustments would be expected at approximately 6-week intervals until appropriate fill volume has been achieved (member is experiencing early and prolonged satiety with small meal sizes, satisfactory weight loss).

Adjustments should be performed in the outpatient setting and without fluoroscopic guidance unless the port is not palpable, there is difficulty accessing the port, or leakage is suspected.

**Surgical Revision**

Members are eligible for coverage of a surgical revision of a previous gastric restrictive surgery if it is medically necessary as a result of a complication of the original procedure; i.e.:

- a) Staple disruption.
- b) Obstruction or chronic stricture.
- c) Severe esophagitis.
- d) Dilatation of the gastric pouch in a member who experienced appropriate weight loss prior to the dilatation.

*Note: Laparoscopic adjustable banding revisional surgery will be covered for band slippage or erosion, both of which are deemed urgent medical conditions.*

**Surgical Repetition**

Members are eligible for coverage of repeat bariatric surgery if both of the following criteria are met:

- a) Insufficient weight loss (success defined as a weight loss of > 50% of excess body weight).
- b) The medically necessary criteria (as outlined above) are met.

*Note: Member compliance with prescribed postprocedure nutrition and exercise program is prerequisite to consideration.*

**Postsurgical Panniculectomy Requests**

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(See also Cosmetic Surgery and/or Abdominoplasty/Panniculectomy guidelines)

Panniculectomy (the surgical excision of the panniculus [abdominal fat apron]) is considered to be cosmetic in the majority of cases. The Plan does not cover cosmetic surgery, defined as procedures intended solely to refine or reshape structures or surfaces that are not functionally impaired; therefore, panniculectomies will only be covered when  $\geq 1$  of the following are documented as met (photographic evidence must accompany written documentation substantiating medical necessity):

1. Presence of necrotic skin or skin ulcerations (photographic documentation required).
2. Presence of recurrent skin infections that have been refractory to systemic antibiotic or antifungal treatment (defined as  $> 2$  occurrences within a 12-month period).
3. Presence of intertriginous skin rashes that have been refractory to a 3-month trial of dermatologist-supervised treatments.
4. Inability to carry out activities of daily living secondary to panniculus size interference, as evidenced by primary care physician office notes.

**1. LIMITATIONS/EXCLUSIONS:**

- a. Surgical revision is not considered medically necessary for members who have a functional operation (without any evidence of medical abnormality) because of inadequate weight loss.
- b. Repair of an asymptomatic or incidentally identified hiatal hernia (CPT codes 43280, 43281, 43282, 43289, 43499 or 43659) will be denied as incidental/inclusive procedures when reported with bariatric surgery code ranges 43770–43775 and 43842–43848, 43644, 43645, 43886, 43887 or 43888). Modifier 59 will not override these codes as hiatal hernia repair is considered an integral part of obesity surgery.
- c. All other gastric bypass/restrictive procedures (and other treatment modalities not listed above as medically necessary) are considered investigational due to insufficient evidence of therapeutic value. These include, but are not limited to, minimally invasive endoluminal gastric restrictive surgical techniques (e.g., EndoGastric StomaphyX™ endoluminal fastener and delivery system); laparoscopic gastric plication/laparoscopic greater curvature plication (LGCP), with or without gastric banding; balloon-type systems (e.g., ReShape® Integrated Dual Balloon System) and vagus nerve-blocking devices (e.g., MAESTRO® Rechargeable System).



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## 2. APPLICABLE PROCEDURE CODES:

CPT	Description
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43659	Unlisted laparoscopy procedure, stomach
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	<b>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components</b>
43775	<b>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) new code effective date 01/01/2010</b>
43842	<b>Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded</b>
43843	<b>Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty</b>
43845	<b>Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)</b>
43846	<b>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en- Y gastroenterostomy</b>
43847	<b>Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption</b>
43848	<b>Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)</b>
43886	<b>Gastric restrictive procedure, open; revision of subcutaneous port component only</b>
43887	<b>Gastric restrictive procedure, open; removal of subcutaneous port component only</b>
43888	<b>Gastric restrictive procedure, open; removal and replacement of subcutaneous port component</b>
S2083	<b>Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline</b>



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**APPLICABLE DIAGNOSIS CODES:**

Code	Description
E66.01	Morbid (severe) obesity due to excess calories
Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.39	Body mass index (BMI) 39.0-39.9, adult
Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.43	Body mass index (BMI) 50-59.9, adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult
Z98.84	Bariatric surgery status

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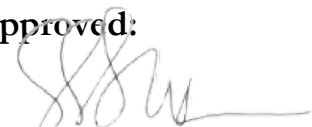
## Policy and Procedure

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### REVISION LOG:

REVISIONS	DATE
Creation date	7/20/2017
Annual Review	10/25/19
Annual Review	10/2/20
Annual Review	9/1/21

Approved:	Date:	Approved:	Date:
			
<b>Glendon Henry, MD</b> <b>Senior Medical Director</b>	<b>9/15/2021</b>	<b>Sanjiv Shah, MD</b> <b>Chief Medical Officer</b>	

### Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines



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and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.